U.S. Paterd and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Substitute for Form PTO-875 -8566 CLAIMS AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.15(a)) RATE F€E RATE TOTAL CLAIMS (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(D)) OR minus 3 MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) fil the dillerence in column 1 is less than zero, enter "0" in column 2 OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 3) SMALL ENTITY OTHER THAN CLAIMS REMAINING SMALL ENTITY NUMBER PRESENT **AFTER** PREVIOUSLY EXTRA AMENDMENT RATE ADOL PAID FOR TIONAL Minus OF CFR LIGHT FEE FEE W_Z x : 50 OR x \$/00 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 100: OR OR TOTAL ADD'L FEE ADD'L FEE (Catumn 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER PREVIOUSL AMENDMENT EXTRA RATE PAID FOR TIONAL ADDI-FEE 20 FEE × 1<u>50</u> = OR x \$ 100= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0)) × : 200 OR + <u>340</u>. 3,14,06 TOTAL ADD'L FEE OR ADD'L FEE (Calumn 1) (Column 2) CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT AFTER RATE ADD: AMENDMENT EXTRA RATE TIONAL PAID FOR Total Minus TIONAL FEE (37 CFR 1.16(b)) Minus x 1<u>50 -</u> OR x 1<u>/0</u>0. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(d)) OR x : Z00-340 OR TOTAL if the entry in column 1 is less than the entry in column 2; write "O" in column 3.

If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". TOTAL ADD'L FEE OR ADO'L FEE

"If the "Highest Number Previously Paid For" (Total or Independent) is the trighest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the trighest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete its form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the fame, call 1-800-PTO-9199 and select option 2.